General

Guideline Title

(1) Prevention of falls and fall injuries in the older adult. (2) Prevention of falls and fall injuries in the older adult 2011 supplement.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 May. 32 p. [95 references]

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 56 p. [77 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC) and the Registered Nurses' Association of Ontario (RNAO): In November 2010, the panel was convened to achieve consensus on the need to revise the existing set of recommendations. A review of the most recent literature and relevant guidelines published since 2005 does not support dramatic changes to the recommendations, but rather suggests some refinements and stronger evidence in the approach.

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field. See the original guideline document for additional information provided in the "Discussion of Evidence."

Practice Recommendations

Assessment

Recommendation 1.0

Assess fall risk on admission.

(Level of Evidence = Ib)

Recommendation 1.1

Assess fall risk after a fall.

(Level of Evidence = Ib)

Intervention: Multi-factorial

Recommendation 2.0

Nurses, as part of the interprofessional team, implement multi-factorial fall prevention interventions to prevent future falls.

(Level of Evidence = Ib)

Intervention: Exercise

Recommendation 2.1

Nurses support physical training as a component of a multi-factorial fall intervention program taking into consideration client risk factors.

(Level of Evidence = Ib)

Intervention: Medications

Recommendation 2.2

Nurses, in consultation with the health care team, should conduct medication reviews on admission and periodically throughout the continuum of clients' care to prevent falls among older adults in health care settings. Clients taking multiple and known high risk medications should be identified at higher risk for falls.

(Level of Evidence = Ia)

Intervention: Hip Protectors

Recommendation 2.3

Nurses could consider the use of hip protectors to reduce hip fractures among those clients considered at high risk of fractures associated with falls; however, there is no evidence to support universal use of hip protectors among the older adult in healthcare settings.

(Level of Evidence = Ib)

Intervention: Vitamin D

Recommendation 2.4

Nurses provide clients with information on the benefits of vitamin D supplementation in relation to reducing fall risk. In addition, information on dietary, life style, and treatment choice for the prevention of osteoporosis is relevant in relation to reducing the risk of fracture.

(Level of Evidence = Ia)

Intervention: Client Education

Recommendation 2.5

All clients who have been assessed as high risk for falling receive education regarding their risk of falling.

(Level of Evidence = IV)

Intervention: Environment

Recommendation 2.6

Nurses include environmental modifications as a component of fall prevention strategies.

(Level of Evidence = Ib)

Education Recommendation

Nursing Education

Recommendation 3.0

Education on the prevention of falls and fall injuries should be included in nursing curricula and on-going education with specific attention to:

- Promoting safe mobility
- Risk assessment
- Interprofessional strategies
- Risk management including post-fall follow-up
- Alternatives to restraints and/or other restricted devices
- Frequent bedside nursing visits
- Safe mobility and toileting

(Level of Evidence = IV)

Organization and Policy Recommendations

Least Restraint

Recommendation 4.0

Nurses should not use side rails for the prevention of falls or recurrent falls for clients receiving care in health care facilities; however, other client factors may influence decision-making around the use of side rails.

(Level of Evidence = IIb)

Recommendation 4.1

Organizations establish a corporate policy for least restraint that includes components of physical and chemical restraints.

(Level of Evidence = IV)

Organizational Support

Recommendation 5.0

Organizations create an environment that supports interventions for fall prevention that includes:

- Fall prevention programs
- Staff education
- Clinical consultation for risk assessment and intervention
- Involvement of interprofessional teams in case management
- Availability of supplies and equipment such as transfer devices, high low beds, and bed exit alarms

(Level of Evidence = IV)

Medication Review

Recommendation 5.1

Organizations implement processes to effectively manage polypharmacy and psychotropic medications including regular medication reviews and exploration of alternatives to psychotropic medication for sedation.

(Level of Evidence = IV)

Registered Nurses Association of Ontario (RNAO) Toolkit

Recommendation 6.0

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:

- An assessment of organizational readiness and barriers to education
- Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process
- Dedication of a qualified individual to provide the support needed for the education and implementation process
- Ongoing opportunities for discussion and education to reinforce the importance of best practices
- Opportunities for reflection on personal and organizational experience in implementing guidelines

In this regard, RNAO (through a panel of nurses, researchers, and administrators) has developed the *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of the RNAO guideline *Prevention of Falls and Fall Injuries in the Older Adult*.

(Level of Evidence = IV)

Definitions:

Level of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Falls and fall injuries

Guideline Category

Prevention

Risk Assessment

Clinical Specialty

Family Practice

Geriatrics

Physical Medicine and Rehabilitation

Preventive Medicine

Intended Users

Advanced Practice Nurses

Nurses

Guideline Objective(s)

- To update the March 2005 Nursing Best Practice Guidelines for *Prevention of Falls and Fall Injuries in the Older Adult*
- To provide evidence-based support instrumental in the provision of care strategies for the prevention of falls and fall injuries in the older adult

Target Population

Older adults in healthcare settings at risk of falls and fall injuries

Interventions and Practices Considered

1. Assessment of risk for falling
2. Multi-factorial fall prevention interventions, including physical strength training
3. Medication reviews to identify higher risk for falling
4. Hip protectors
5. Vitamin D supplementation (and other dietary and lifestyle interventions)
6. Patient education
7. Environmental modifications

Major Outcomes Considered

- Risk for falls and fall injuries
- Reliability of risk assessment instruments
- Rates of falls and fall injuries
- Morbidity, mortality, and hospitalization rates related to falls

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

March 2005 Guideline

A database search for existing evidence related to prevention of falls and fall injuries in the older adult was conducted by a university health sciences library. An initial search of the Medline, EMBASE, and CINAHL databases for guidelines and studies published from 2001 to 2004 was conducted in August 2004. A subsequent search of PubMed was conducted in October 2004. The P.I.C.O. (Population, Intervention, Control, Outcome) method was used to generate the parameters of the clinical questions and to guide the search.

One individual searched an established list of Web sites for content related to the topic area in July 2004. This list of sites, reviewed and updated in

May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house a guideline but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/email.

A Web site search for existing practice guidelines on prevention of falls and fall injuries in the older adult was conducted via the search engine "Google," using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

The search strategy described above resulted in the retrieval of numerous abstracts on the topic which were then screened by a research assistant according to inclusion/exclusion criteria related to the target population, intervention, control, and outcome. This resulted in a set of abstracts that were identified for article retrieval and quality appraisal. In addition, two clinical practice guidelines were identified for review by the panel.

2011 Supplement

One individual searched an established list of websites for guidelines and other relevant content. The list was compiled based on existing knowledge of evidence-based practice websites and recommendations from the literature.

Members of the panel critically appraised 14 national and international guidelines, published since 2005, using the "Appraisal of Guidelines for Research & Evaluation II" instrument. From this quality appraisal, five guidelines were identified to inform the review processes.

Concurrent with the review of existing guidelines, a search for recent literature relevant to the scope of the guideline was conducted with guidance from the Panel Leader. A search of electronic databases (Medline, CINAHL and EMBASE) was conducted by a health sciences librarian. A Research Assistant (Masters prepared nurse) completed the inclusion/exclusion review, quality appraisal and data extraction of the retrieved studies, and prepared a summary of the literature findings. The comprehensive data tables and reference list were provided to all panel members.

A summary of the review process is provided in the Review Process Flow Chart in the original guideline supplement document.

Number of Source Documents

March 2005 Guideline

Not stated

2011 Supplement

Five guidelines and 346 studies were included and retrieved for review.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Level of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

March 2005 Guideline

In September of 2004, a panel of nurses and other healthcare professionals, from a range of practice settings and academic sectors, with expertise and interest in falls and fall injuries in the older population, was convened by the Registered Nurses' Association of Ontario (RNAO). This group was invited to participate as a review panel to revise the *Prevention of Falls and Fall Injuries in the Older Adult* guideline that was originally published in January 2002. This panel had representation from members of the original development panel, as well as other recommended specialists.

The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

In the final step of the revision process, the revision panel reconvened to discuss and review the literature. The previous recommendations were revised or deleted, and new additional recommendations were developed in accordance with the new evidence. Figure 1 in the original guideline document summarizes the entire process.

2011 Supplement

The RNAO has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a monitoring and revision process has been established for each guideline.

A panel of nurses and other health care professionals was assembled for this review, comprised of members from the original development panel as well as other recommended individuals with particular expertise in this practice area. A structured evidence review based on the scope of the original guideline and supported by 11 clinical questions was conducted to capture the relevant literature and guidelines published since the last revision of this guideline in 2005.

Initial findings regarding the impact of the current evidence, based on the original recommendations, were summarized and circulated to the review panel. The revision panel members were given a mandate to review the guideline in light of the new evidence, specifically to ensure the validity, appropriateness and safety of the guideline recommendations as published in 2005.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Not stated

Description of Method of Guideline Validation

Not applicable

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate prevention of falls and fall injuries in older adults

Potential Harms

Although Tai Chi may be effective in reducing fall risk in relatively healthy older people, it may increase the risk of falling in more frail individuals. It is possible that for individuals not accustomed to physical activity, an improvement in mobility may initially increase their risk for falls.

Qualifying Statements

Qualifying Statements

- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- Nurses, other healthcare professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. It is not necessary, nor practical that every nurse have a copy of the entire guideline. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guidelines. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.
- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses, and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the

information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

- Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline: *Prevention of Falls and Fall Injuries in the Older Adult* as a tool to assist in decision-making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

Implementation of the Guideline

Description of Implementation Strategy

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. The Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators, has developed a *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The Toolkit provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

Evaluation and Monitoring

It is suggested that organizations implementing the recommendations in this nursing best practice guideline consider how the implementation and its impact will be monitored and evaluated. Whereas outcome evaluations possess several quantitative indicators driven largely by the literature base upon which this guideline was developed, implementation evaluations will often be more qualitative in nature and will focus on a sufficient allotment of resources (financial, personnel, subjects, etc.) required to support successful implementation/maintenance of the recommendations in the guideline.

To this end, several factors must be taken into consideration when implementing recommendations. It is essential that implementation proceed in a manner that is consistent with the circumstances, setting, and population investigated in the scientific literature upon which the recommendation is based, otherwise it is impossible to evaluate a departure of actual results from the expected outcomes. For example, the multifactorial intervention recommendation requires that the components of the intervention be tailored to the individual's needs. If the facility implementing the recommendation decides instead to structure the multifactorial interventions based on client group (for example, amputees vs. stroke patients), then the desired outcome of fall reduction may not be achieved. In this case, it is impossible to determine whether the desired outcome failed to be achieved because the intervention was ineffective, or whether the intervention was applied inappropriately. In addition, proper implementation ensures consistency across different facilities where multiple sites are involved.

It is recommended that any implementation of recommendations proceed with respect to the objectives of the implementation program. For each objective, administrative and personnel support must be sufficient for the objective to be achieved. In the absence of sufficient resources to both implement and ensure the sustainability of a program, the presence of a population of interest is of little value. The following factors for consideration will assist in ensuring the recommendations from this guideline have been implemented properly and will provide the foundation for a rigorous evaluation of its outcomes.

Objectives

1. What are the objectives of the implementation program?

2. What are the imposed timelines for achievement of objectives/interim goals?

Program Administration

1. Is there sufficient budget in place to cover expenses of the program? What time period is covered by funds?
2. What are the major costs? What are the capital/start-up/maintenance expenses?
3. What is the "per patient" cost of the program?
4. Are there contractual obligations in implementing the program? Will they be met?
5. What costs associated with the program will be borne by the facility's operating budget?
6. What are the internal/external reporting relationships associated with the program?
7. Will there be interim reviews of the program's effectiveness? What resources will be required?
8. Has an individual/committee been tasked with ongoing oversight of the program?

Program Staff

1. How many clinical/administrative/support staff will be required to implement the program?
2. Has staff been provided with a clear description of their roles/responsibilities?
3. What specialty staff is required?
4. What resources are required to train staff?
5. How will adequacy of training be evaluated?
6. What is staff turnover like on the unit? Has succession planning been considered in the work plan?
7. Are any external resources required to support the program?

Program Participants

1. For what population was the program designed (age, patient classification, level of function, etc.)?
2. What is the typical length of stay? Will it provide for sufficient data collection?
3. On what basis are participants selected for recruitment? What resources (clinical assessment, evaluation instruments, etc.) will be required to determine appropriateness for inclusion?
4. How have participants been grouped? i.e., if experimental and controls groups are desired, how are they to be randomized (individually, by room, by unit, etc.)?
5. Are there any systematic differences between experimental and controls groups (e.g., age, co-morbidities, functional capacity, disease state, etc.) that may affect the outcome of the program evaluation?
6. Has a contingency plan been prepared to account for patient drop-out? Poor compliance?
7. Will participants be actively involved in program? If so, how will program goals, and interim results be communicated to participants?

Other Programs

1. What other programs/guidelines have been/will be implemented during the course of the program?
2. What are their objectives?
3. Will programs conflict (i.e., staffing demands, resources)?

Shanley (2003) notes that systems for monitoring falls and associated fall injuries need to be comprehensive, easy to use and well integrated with other systems in the facility that includes a feedback and action process on results, such as with quality and risk management processes within organizations.

Both AMDA (1998) and Queensland Health (2003) recommend use of existing quality improvement and or risk management systems for monitoring review of falls and the use of minimum data set (MDS) as a system source for complex continuing care clinical data, for evaluation of contributing factors associated with falls. As well, these guidelines recommend the monitoring of specific factors such as the incidence of injuries associated with falls, and associated clinical conditions such as functional ability.

A table in the original guideline document, based on the framework outlined in the RNAO Toolkit: Implementation of Clinical Practice Guidelines, illustrates some suggested indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline development panel have compiled a list of implementation strategies to assist healthcare organizations or healthcare disciplines who are interested in implementing this guideline. A summary of these strategies follows:

Have a dedicated person such as an advanced practice nurse or a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.

Establish a steering committee comprised of key stakeholders and members committed to leading the initiative. Keep a work plan to track activities, responsibilities and timelines.

Provide educational sessions and ongoing support for implementation. The education sessions may consist of presentations, facilitator's guide, handouts, and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem solving, address issues of immediate concern and offer opportunities to practice new skills.

Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring replacement staff so participants will not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools.

Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and achievements, acknowledging work well done.

Organizations implementing this guideline should look at a range of self-learning, group learning, mentorship and reinforcement strategies that will over time, build the knowledge and confidence of nurses in implementing this guideline.

Beyond skilled nurses, the infrastructure required to implement this guideline includes access to specialized equipment and treatment materials. Orientation of the staff to the use of specific products must be provided and regular refresher training planned.

RNAO's Advanced/Clinical Practice Fellowships (ACPF) Project is another way that registered nurses in Ontario may apply for a fellowship and have an opportunity to work with a mentor who has expertise in the clinical area described in this guideline. With the ACPF, the nurse fellow will have the opportunity to hone their skills in prevention of falls and fall injuries in the older adult.

Champions – Identify, develop and support Best Practice Champions and include people who have expertise in the topic area, facilitation skills, and knowledge of adult education principles in order to support, develop, mentor, and train other nurses within organizations to ensure knowledge transfer.

In addition to the strategies mentioned above, the RNAO has developed resources that are available on the website. A Toolkit for implementing guidelines can be helpful if used appropriately. A brief description of this Toolkit can be found in Appendix F of the original guideline. A full version of the document in PDF format is also available at the RNAO website, www.rnao.org/bestpractices .

Implementation Tools

Audit Criteria/Indicators

Foreign Language Translations

Mobile Device Resources

Patient Resources

Quick Reference Guides/Physician Guides

Resources

Slide Presentation

Staff Training/Competency Material

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report

Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 May. 32 p. [95 references]

Registered Nurses' Association of Ontario (RNAO). Prevention of falls and fall injuries in the older adult. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 56 p. [77 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2002 Jan (revised 2005; addendum released 2011 May)

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long Term Care.

Guideline Committee

Development Panel

Composition of Group That Authored the Guideline

Revision Panel Members

Laurie Bernick, RN(EC), MScN, GNC(C)
Revision Panel Leader
Nurse Practitioner, Seniors' Health Services
Trillium Health Centre
Mississauga, Ontario

Alyson Turner, BSc (Psych), RN, MSc(A) Nursing MSc
Health Planning, Policy & Finance
Manager - Geriatric Ambulatory Programmes
McGill University Health Centre
Royal Victoria Hospital
Montreal, Quebec

Sandra Tully, RN(EC), MAEd, NP Adult, GNC(C)
Nurse Practitioner – Adult GIM
Family Practice & Geriatrics
University Health Network
Toronto Western Hospital
Toronto, Ontario

Lynda Dunal, M.Sc., B.Sc. O.T., OT Reg. (Ont.)
Coordinator of Outcomes & Evaluation
Senior Occupational Therapist
Department of Quality, Safety & Best Practice
Baycrest
Toronto, Ontario

Susan Griffin Thomas, RN, BScN
Director of Resident Care
Yee Hong Centre of Geriatric Care
Mississauga, Ontario

Lucy Cabico, RN(EC), NP Adult, MScN, GNC(C), IIWCC(C)
President and CEO
Clarkridge Career Institute and Clarkridge Services
Toronto, Ontario

Cindy Doucette, RN(EC), MN, GNC(C)
Nurse Practitioner - Seniors' Health Services
Trillium Health Centre
Mississauga, Ontario

Mary-Lou van der Horst, RN, BScN, MScN, MBA
Geriatric Nursing Consultant
Regional Geriatric Program - Central
Hamilton Health Sciences - St. Peter's Hospital
Hamilton, Ontario

Faranak Aminzadeh, RN, MScN, GNC (C)
Advanced Practice Nurse - Community Research
Regional Geriatric Program, Eastern Ontario
The Ottawa Hospital - Civic Campus
Ottawa, Ontario

Brenda Dusek, RN, BN, MN
Program Manager
International Affairs and Best Practice Guidelines Program
Registered Nurses' Association of Ontario

Toronto, Ontario

Andrea Stubbs, B.A.
Administrative Assistant
International Affairs and Best Practice Guidelines Program
Registered Nurses' Association of Ontario

Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in English and French Portable Document Format (PDF) from the Registered Nurses' Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Availability of Companion Documents

The following are available:

- Summary of recommendations. Prevention of falls and fall injuries in the older adult. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2011. 5 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p. Electronic copies: Available in PDF from the RNAO Web site. See the related QualityTool summary on the Health Care Innovations Exchange Web site.
- Toolbox for implementation of a falls prevention program in long-term care. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2007 May. 22 p. Electronic copies: Available in PDF from the RNAO Web site.
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2006. 24 p. Electronic copies: Available in PDF and as a Power Point presentation from the RNAO Web site.
- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the RNAO Web site.
- Falls prevention. Building the foundations for patient safety. Self-learning package. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2007 Jan. 17 p. Electronic copies: Available in PDF from the RNAO Web site.

A table in the original guideline document based on the framework outlined in the RNAO Toolkit: Implementation of Clinical Practice Guidelines, illustrates some suggested indicators for monitoring and evaluation.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

A mobile versions of this guideline is available from the RNAO Web site.

Patient Resources

The following is available:

- Health education fact sheet. Reduce your risk for falls. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2003 Jul. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the Nurses' Association of Ontario (RNAO) Web site .

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 9, 2005. The updated information was verified by the guideline developer on June 21, 2005. This NGC summary was updated by ECRI Institute on February 6, 2012. The updated information was verified by the guideline developer on February 14, 2012.

Copyright Statement

Disclaimer

NGC Disclaimer